

OHIO STATE MEDICAL ASSOCIATION 2022 HOUSE OF DELEGATES

**PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1**

Presented by Tyler Campbell, MD Chair, 1st District

Jeffrey Leipzig, MD	1 <sup>st</sup> District
Kenneth D. Christman, MD	2 <sup>nd</sup> District
Jigna Janani, MD	3 <sup>rd</sup> District
Robert Kose, MD	4 <sup>th</sup> District
Susan Arceneaux, MD	5 <sup>th</sup> District
Charles Smith, MD	6 <sup>th</sup> District
Brian L Bachelder, MD, FFAFP	7 <sup>th</sup> District
Maria Haller, DO	8 <sup>th</sup> District
William Sternfeld, MD	Specialty - Ohio Chapter of the American College of Surgeons
Alexandra Willauer, MD	Resident & Fellows Section
Tani Malhotra, MD	Young Physicians Section
Rommel Morales	Student Section

Resolutions Committee One has reviewed the resolutions that have been proposed for consideration at the 2022 Meeting of the OSMA House of Delegates. Committee One will reconvene to consider additional testimony following the HOD Open Hearing on April 9, 2022.

The Resolutions Committee can recommend the following actions: **Reaffirm; Adopt; Not Adopt; Refer; Amend.**

**Resolution 01 – 2022 – ADOPT**

**Create Guidelines for Sections and create an International Medical Graduate Section**

**Preliminary comments: The online testimony regarding this resolution was overwhelmingly supportive and no concerns were expressed about the resolution as formatted. Additionally, the committee discussed how this resolution creates a process for development of future sections of the HOD.**

**RESOLVED**, that the OSMA Constitution and Bylaws be amended as follows (showing only affected sections):

**ARTICLE IV**

**HOUSE OF DELEGATES**

The House of Delegates shall be the legislative body of this Association and shall consist of: (1) Delegates selected by the Active and Retired Members residing or working within designated OSMA districts; (2) Officers of this Association enumerated in Article VI; (3) Delegates and Alternate Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of this Association each of whom shall be an ex-officio member without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer

50 of this Association; and (4) such representatives of other medical groups as may be determined by  
51 the House of Delegates, including the following:  
52

53 The Medical Student Section shall have ~~seven (7) representatives~~ ONE (1) DELEGATE AND  
54 ONE (1) ALTERNATE DELEGATE SELECTED FROM EACH OF THE MEDICAL OR OSTEOPATHIC  
55 COLLEGES IN THE STATE OF OHIO to the House of Delegates, said Delegates to be selected in  
56 accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical  
57 Student Section have been approved by Council. For purposes of representation in the House of  
58 Delegates, Student Members shall not be counted at the individual district level, but shall constitute a  
59 separate section which shall be treated and seated as if it were an additional district in which the  
60 Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

61  
62 The Organized Medical Staff Section shall have one (1) ~~representative~~ DELEGATE AND ONE (1)  
63 ALTERNATE DELEGATE to the House of Delegates, said Delegate to be selected in accordance with  
64 Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical  
65 Staff Section have been approved by Council.

66  
67 The Resident and Fellows Section shall have five (5) ~~representatives~~ DELEGATES AND TWO  
68 (2) ALTERNATE DELEGATES to the House of Delegates who must be Members in Training of this  
69 Association, said ~~representatives~~ DELEGATES to be selected in accordance with the Resident and  
70 Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been  
71 approved by Council. For purposes of representation in the House of Delegates, Members in Training  
72 shall not be counted at the individual district level, but shall constitute a separate section which shall  
73 be treated and seated as if it were an additional district in which the Members in Training elect their  
74 own Delegates.

75  
76 The Young Physician Section shall have ~~five (5)~~ ONE (1) ~~representatives~~ DELEGATE AND  
77 ONE (1) ALTERNATE DELEGATE to the House of Delegates who must be physicians in active  
78 practice and under the age of forty or in the first eight years of practice after residency and fellowship  
79 training. The Young Physician Section Delegates shall be selected in accordance with the Young  
80 Physicians Section bylaws; provided that the bylaws of the Young Physician Section have been  
81 approved by Council.

82  
83 THE INTERNATIONAL MEDICAL GRADUATES SECTION SHALL HAVE ONE (1) DELEGATE  
84 AND ONE (1) ALTERNATE DELEGATE TO THE HOUSE OF DELEGATES. THE INTERNATIONAL  
85 MEDICAL GRADUATE SECTION DELEGATES SHALL BE SELECTED IN ACCORDANCE WITH  
86 THE INTERNATIONAL MEDICAL GRADUATE SECTION BYLAWS; PROVIDED THAT THE BYLAWS  
87 OF THE INTERNATIONAL MEDICAL GRADUATE SECTION SHALL HAVE BEEN APPROVED BY  
88 THE OSMA COUNCIL.  
89

90 The primary medical specialties and subspecialties listed by the American Board of Medical  
91 Specialties are eligible to have one Delegate and one Alternate Delegate for every 100 specialty or  
92 subspecialty members who are also OSMA voting members to be selected in accordance with  
93 Chapter 5, Section 4 of the Bylaws of this Association.

**Commented [NG1]:** Changes "representative" to delegate and makes the terminology consistent between Article IV and Bylaws Chapter 5

94  
95 The medical subspecialty societies whose members hold such subspecialty certificates  
96 approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of  
97 whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate Delegate to  
98 be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

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100  
101 BYLAWS  
102 CHAPTER 5  
103 THE HOUSE OF DELEGATES  
104

105 **Section 2. OSMA District Delegates Ratio of Representation.** Each OSMA district shall be  
106 entitled to one (1) Delegate and one (1) Alternate Delegate in the House of Delegates for each fifty  
107 (50) Active Members and Retired Members working or residing in the district as of December 31st of  
108 the preceding year. If the total number of Active Members and Retired Members in the district is not  
109 evenly divisible by fifty (50), that district shall be entitled to one (1) additional Delegate in the House  
110 of Delegates. The names of such Delegates and Alternate Delegates shall be submitted to the  
111 Association prior to the opening of the House of Delegates.

112  
113 IN ADDITION TO THE DISTRICT DELEGATES RATIO OF REPRESENTATION STATED IN  
114 THIS SECTION, EACH OSMA DISTRICT SHALL BE ENTITLED TO ONE ADDITIONAL  
115 DESIGNATED DELEGATE AND ONE ADDITIONAL ALTERNATE DELEGATE WHO REPRESENTS  
116 A SECTION APPROVED BY THE HOUSE OF DELEGATES, EXCEPT THAT MEMBERS IN  
117 TRAINING AND MEDICAL STUDENTS ARE REPRESENTED SOLELY BY THEIR SEPARATELY  
118 SEATED SECTIONS. THESE ADDITIONAL DESIGNATED DELEGATES SHALL BE SELECTED BY  
119 THE DISTRICT.

120  
121 Members in Training and Students are represented through separately seated sections of the  
122 House of Delegates and shall not be included in the member count/ratio of representation of OSMA  
123 districts for purposes of determining representation in the House of Delegates.

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125 . . .  
126 **Section 5. SECTIONS**

127 (A) MISSION OF THE SECTIONS. A SECTION IS A FORMAL GROUP OF PHYSICIANS OR  
128 MEDICAL STUDENTS DIRECTLY INVOLVED IN POLICYMAKING THROUGH A SECTION  
129 DELEGATE AND REPRESENTING UNIQUE INTERESTS RELATED TO PROFESSIONAL

130 LIFECYCLE, PRACTICE SETTING, OR DEMOGRAPHICS. SECTIONS SHALL BE ESTABLISHED  
131 BY THE HOUSE OF DELEGATES FOR THE FOLLOWING PURPOSES:

132 (1) INVOLVEMENT. TO PROVIDE A DIRECT MEANS FOR MEMBERSHIP SEGMENTS  
133 REPRESENTED IN THE SECTIONS TO PARTICIPATE IN THE ACTIVITIES, INCLUDING  
134 POLICY-MAKING, OF THE OSMA.

135 (2) OUTREACH. TO ENHANCE OSMA OUTREACH, COMMUNICATION, AND  
136 INTERCHANGE WITH THE MEMBERSHIP SEGMENTS REPRESENTED IN THE  
137 SECTIONS.

138 (3) COMMUNICATION. TO MAINTAIN EFFECTIVE COMMUNICATIONS AND WORKING  
139 RELATIONSHIPS BETWEEN THE OSMA AND ORGANIZATIONAL ENTITIES THAT ARE  
140 RELEVANT TO THE ACTIVITIES OF EACH SECTION.

141 (4) MEMBERSHIP. TO PROMOTE OSMA MEMBERSHIP GROWTH.

142 (5) REPRESENTATION. TO ENHANCE THE ABILITY OF MEMBERSHIP SEGMENTS  
143 REPRESENTED IN THE SECTIONS TO PROVIDE THEIR PERSPECTIVE TO THE OSMA  
144 AND THE HOUSE OF DELEGATES.

145 (6) EDUCATION. TO FACILITATE THE DEVELOPMENT OF INFORMATION AND  
146 EDUCATIONAL ACTIVITIES ON TOPICS OF INTEREST TO THE MEMBERSHIP  
147 SEGMENTS REPRESENTED IN THE SECTIONS.

148  
149 **(B) INFORMATIONAL REPORTS.** EACH SECTION MAY SUBMIT TO THE HOUSE OF  
150 DELEGATES AT THE ANNUAL MEETING AN INFORMATIONAL REPORT DETAILING THE  
151 ACTIVITIES AND PROGRAMS OF THE SECTION DURING THE PREVIOUS YEAR. THE  
152 REPORT(S) SHALL BE SUBMITTED TO THE HOUSE OF DELEGATES THROUGH THE  
153 COUNCIL. THE COUNCIL MAY MAKE SUCH NON-BINDING RECOMMENDATIONS REGARDING  
154 THE REPORT(S) TO THE SECTIONS AS IT DEEMS APPROPRIATE, PRIOR TO TRANSMITTING  
155 THE REPORT(S) TO THE HOUSE OF DELEGATES WITHOUT DELAY OR MODIFICATION BY  
156 THE COUNCIL. THE COUNCIL MAY ALSO SUBMIT WRITTEN RECOMMENDATIONS  
157 REGARDING THE REPORT(S) TO THE HOUSE OF DELEGATES.  
158

159 **(C) GOVERNING COUNCIL.** THERE SHALL BE A GOVERNING COUNCIL FOR EACH  
160 SECTION TO DIRECT THE PROGRAMS AND THE ACTIVITIES OF THE SECTION. THE  
161 PROGRAMS AND ACTIVITIES SHALL BE SUBJECT TO THE APPROVAL OF THE COUNCIL. EACH  
162 SECTION SHALL ADOPT RULES GOVERNING THE COMPOSITION, ELECTION, TERM, AND  
163 TENURE OF ITS GOVERNING COUNCIL.  
164

165 **(D) QUALIFICATIONS.** MEMBERS OF EACH SECTION GOVERNING COUNCIL MUST BE  
166 MEMBERS OF THE OSMA AND OF THE SECTION. EACH SECTION SHALL DEFINE THE  
167 QUALIFICATIONS FOR MEMBERSHIP IN THE SECTION. ANY OSMA MEMBER MEETING THE  
168 QUALIFICATIONS SHALL BE A MEMBER OF THE SECTION UNLESS THE MEMBER OPTS OUT  
169 OF SECTION MEMBERSHIP.  
170

171       **(E) VOTING.** MEMBERS OF EACH SECTION GOVERNING COUNCIL SHALL BE ELECTED  
172 BY THE VOTING MEMBERS OF THE SECTION PRESENT AT THE BUSINESS MEETING OF THE  
173 SECTION, UNLESS OTHERWISE PROVIDED IN THE SECTION BYLAWS.

174

175       **(F) OFFICERS.** EACH SECTION SHALL SELECT A CHAIR AND VICE CHAIR OR CHAIR-  
176 ELECT AND OTHER NECESSARY AND APPROPRIATE OFFICERS. EACH SECTION SHALL  
177 ADOPT RULES GOVERNING THE TITLES, DUTIES, ELECTION, TERM, AND TENURE OF ITS  
178 OFFICERS.

179

180       (1) QUALIFICATIONS. OFFICERS OF EACH SECTION MUST BE MEMBERS OF THE OSMA  
181 AND OF THE SECTION.

182

183       (2) VOTING. OFFICERS OF EACH SECTION SHALL BE ELECTED BY THE VOTING  
184 MEMBERS OF THE SECTION, UNLESS OTHERWISE PROVIDED IN THE SECTION  
185 BYLAWS.

186

187       **E) DELEGATE AND ALTERNATE DELEGATE.** EACH SECTION, EXCEPT FOR THE  
188 RESIDENT AND FELLOWS SECTION AND THE MEDICAL STUDENT SECTION, SHALL ELECT  
189 ONE (1) DELEGATE AND ONE (1) ALTERNATE DELEGATE TO REPRESENT THE SECTION IN THE  
190 HOUSE OF DELEGATES.

191

192       **(F) BUSINESS MEETING.** THERE SHALL BE A BUSINESS MEETING OF MEMBERS OF  
193 EACH SECTION. THE BUSINESS MEETING SHALL BE HELD PRIOR TO EACH ANNUAL  
194 MEETING OF THE HOUSE OF DELEGATES.

195

196       (1) PURPOSE. THE PURPOSES OF THE BUSINESS MEETING SHALL BE TO: HEAR SUCH  
197 REPORTS AS MAY BE APPROPRIATE; CONSIDER OTHER BUSINESS AND VOTE UPON  
198 SUCH MATTERS AS MAY PROPERLY COME BEFORE THE MEETING; ADOPT  
199 RESOLUTIONS FOR SUBMISSION BY THE SECTION TO THE HOUSE OF DELEGATES;  
200 HOLD ELECTIONS.

201

202       (2) THE BUSINESS MEETING SHALL BE OPEN TO ALL MEMBERS OF THE OSMA. ONLY  
203 DULY SELECTED REPRESENTATIVES WHO ARE OSMA MEMBERS SHALL HAVE THE  
204 RIGHT TO VOTE AT THE BUSINESS MEETING. THE BUSINESS MEETING SHALL BE  
205 CONDUCTED PURSUANT TO RULES OF PROCEDURE ADOPTED BY THE GOVERNING  
206 COUNCIL. THE RULES OF PROCEDURE MAY SPECIFY THE RIGHTS AND PRIVILEGES  
207 OF SECTION MEMBERS, INCLUDING ANY LIMITATIONS ON PARTICIPATION OR VOTE.

208

209 (G) RULES. ALL RULES, REGULATIONS, AND PROCEDURES ADOPTED BY EACH  
210 SECTION SHALL BE SUBJECT TO THE APPROVAL OF THE COUNCIL.

211

212 (H) ESTABLISHMENT OF NEW SECTIONS. AN OSMA MEMBER COMPONENT GROUP  
213 SEEKING SECTION STATUS SHALL SUBMIT A PROPOSAL TO THE OSMA COUNCIL. UPON  
214 APPROVAL OF THE OSMA COUNCIL, THE COUNCIL SHALL SUBMIT A RESOLUTION SEEKING  
215 SUCH NEW SECTION STATUS TO THE HOUSE OF DELEGATES.

216

217 (I) SECTION STATUS REVIEW. EACH SECTION SHALL RECONFIRM ITS QUALIFICATIONS  
218 FOR CONTINUED EXISTENCE AND REPRESENTATION IN THE HOUSE OF DELEGATES BY  
219 DEMONSTRATING AT LEAST EVERY 5 YEARS THAT IT CONTINUES TO MEET THE  
220 REQUIREMENTS IN THIS SECTION AND THE BYLAWS ADOPTED BY THE SECTION. THE HOUSE  
221 OF DELEGATES MAY ESTABLISH, BY ADOPTION OF A RESOLUTION, ADDITIONAL CRITERIA  
222 FOR CONTINUED EXISTENCE OF SECTIONS.

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224 . . .

225

226 ~~Section 7. Representative of Organized Medical Staff Section.~~ The Organized Medical  
227 Staff Section shall have one (1) Delegate and one (1) Alternate Delegate who must be voting  
228 members of this Association. In case a Delegate or Alternate Delegate is unable to serve, the Chair  
229 of the Section may at any time certify to the Chair of the Committee on Credentials the name of a  
230 voting member of this Association to serve in place of the absent Delegate or absent Alternate  
231 Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or  
232 individuals to act in the place of such absent Delegate or Alternate Delegate. The Organized Medical  
233 Staff Section Delegate shall have all rights, privileges and duties of other Delegates. The Delegate  
234 AND ALTERNATE DELEGATE will be SEPARATELY seated in the House of Delegates with the  
235 ~~councilor district in which that Delegate's county is represented~~ OTHER APPROVED SECTIONS.

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237 . . .

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239 ~~Section 9. Young Physician Section.~~ The Young Physician Section shall have ~~five (5)~~ ONE  
240 (1) Delegates and ~~two (2)~~ ONE (1) Alternate Delegates who must be physicians in active practice and  
241 under the age of forty or in the first eight years of practice after residency and fellowship training AND  
242 WHO ARE ALSO OSMA VOTING MEMBERS. The Young Physician Section Delegates AND  
243 ALTERNATE DELEGATE shall have all the rights, privileges, and duties of other Delegates. The  
244 Young Physician Section Delegates AND ALTERNATE DELEGATE will be SEPARATELY seated in  
245 the House of Delegates ~~as a separate section~~ WITH OTHER APPROVED SECTIONS.

246

247 SECTION 10. INTERNATIONAL MEDICAL GRADUATE SECTION. THE INTERNATIONAL  
248 MEDICAL GRADUATE SECTION SHALL HAVE ONE DELEGATE AND ONE ALTERNATE  
249 DELEGATE WHO ARE ALSO OSMA VOTING MEMBERS. THE INTERNATIONAL MEDICAL  
250 GRADUATE SECTION DELEGATE AND ALTERNATE DELEGATE SHALL HAVE ALL THE RIGHTS,  
251 PRIVILEGES, AND DUTIES OF OTHER DELEGATES. THE INTERNATIONAL MEDICAL

252 GRADUATE SECTION DELEGATE AND ALTERNATE DELEGATE WILL BE SEPARATELY SEATED  
253 IN THE HOUSE OF DELEGATES WITH OTHER APPROVED SECTIONS.

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255 . . .

256

257 **Section 16. Resolutions.** Except as otherwise provided, every resolution to be presented to  
258 the House of Delegates for action shall be filed with the Chief Executive Officer of this Association at  
259 least ~~sixty (60)~~ FORTY-FIVE (45) days prior to the first (1st) day of the meeting at which action on such  
260 resolution is proposed to be taken; and promptly upon the filing of any such resolution the Chief  
261 Executive Officer shall prepare and transmit a copy thereof to each member of the House of  
262 Delegates. Each resolution which, if adopted, would require expenditure of funds by this Association,  
263 shall have attached a statement of the amount of the estimated annual expenditure. The Chief  
264 Executive Officer shall cause to be published in advance of such meeting of the House of Delegates  
265 such resolutions as the President or the Council may designate.

266

267 No resolution may be presented or introduced at any meeting of the House of Delegates,  
268 unless the foregoing requirements for filing and transmittal shall have been complied with, or unless  
269 such compliance shall have been waived by a Special Committee on Emergency Resolutions named  
270 to decide whether late submission was justified. Late submission is only justified when events giving  
271 rise to the resolution occur after the filing deadline for resolutions. This special committee shall consist  
272 of the chairs of the several resolution committees. If a majority of the members of the Special  
273 Committee on Emergency Resolutions vote favorably for waiving the filing and transmittal  
274 requirement, then such resolution shall be presented to the House of Delegates at its opening session.  
275 All resolutions presented subsequent to the ~~sixty (60)~~ FORTY-FIVE (45) day filing date prior to the  
276 opening session of the House of Delegates shall be submitted by their sponsors to the committee no  
277 less than twelve (12) hours prior to the opening session of the House of Delegates. If the committee  
278 votes unfavorably, the House may override the committee's recommendation by an affirmative vote of  
279 four-fifths (4/5) of the Delegates voting.

280

281 No consideration may be given, or any action taken, by the Committee on Resolutions or by  
282 the House of Delegates, with respect to any resolution unless such resolution is presented or  
283 introduced at the opening session of the meeting of the House of Delegates. However, a resolution  
284 dealing with an event or development occurring too late to permit the introduction of any such  
285 resolution at the opening session may be introduced at a later session with the consent of at least four-  
286 fifths (4/5) of the Delegates present. Upon its introduction, such resolution shall be referred to the  
287 Committee on Resolutions for consideration and report. The Committee on Resolutions shall have  
288 the right to amend any such resolution presented or introduced, or to draft a composite or substitute  
289 resolution embracing the same subject matter as the resolution or resolutions introduced, and to  
290 submit such amended, composite or substitute resolution for adoption by the House of Delegates.  
291 The House of Delegates shall have the right to adopt any such amended, composite or substitute  
292 resolution.

293

294 Any resolution adopted by the House of Delegates four (4) or more years prior to each Annual  
295 Meeting will be reviewed by the Council for purposes of recommending whether to retain each policy.  
296 The House of Delegates will be notified of those resolutions subject to review prior to the Annual  
297 Meeting at which they will be considered. Any resolution not retained by House action on the report  
298 submitted by the Council becomes null, void and of no effect.

299  
300 **Section 15. Organized Medical Staff Section Resolutions.** A maximum of five (5)  
301 ~~resolutions, directly related to issues of concern to physicians on hospital medical staffs and matters~~  
302 ~~of immediate importance, adopted by and presented from the business meeting of the Organized~~  
303 ~~Medical Staff Section representative assembly, as provided in their Bylaws, may be presented for~~  
304 ~~consideration by the House of Delegates at any time before the opening of the House of Delegates.~~  
305 ~~All other resolutions adopted by and presented from the business meeting of the Representative~~  
306 ~~Assembly of the Organized Medical Staff Section shall be submitted in report form to the House of~~  
307 ~~Delegates at the Annual Meeting of the House of Delegates for the purpose of filing.~~

**Commented [NG2]:** See above paragraphs section 5.f and section 16 – which allows every section to submit resolutions but they must be filed using the same submission deadline as all other resolutions.

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310 **Fiscal Note:** \$ 10,000 (Sponsor)  
311 \$ 10,000 (Staff)  
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313  
314

315 **Resolution 02-2022 – AMEND**  
316 **Change the ratio of representation for medical specialties in the House of Delegates**

317

318 **Preliminary comments:** The committee discussed the online testimony, which was mostly  
319 positive, and the additional amendments suggested by Dr. Hubbell on behalf of the OSMA  
320 Bylaws Committee and the OSMA Council. Additionally, the committee discussed at length the  
321 need and intent behind this resolution, the nature of the approval of delegates/representatives  
322 to the HOD that may fall into multiple specialty categories, and specialty vs. geographic  
323 representation. The committee commented that it is generally understood that membership  
324 would count towards only one specialty society's representation at the House of Delegates, to  
325 provide for equitable representation of each specialty society. Ultimately, the committee  
326 accepted the amendments suggested by Dr. Hubbell as well – with one additional amendment  
327 to give the House of Delegates final authority regarding approval of representation of the  
328 medical specialty in the HOD.

329  
330 **RESOLVED**, that the OSMA Constitution and Bylaws be amended as follows (showing only  
331 affected sections):

332

333 **ARTICLE IV**

334 **HOUSE OF DELEGATES**

335



The House of Delegates shall be the legislative body of this Association and shall consist of:  
(1) Delegates selected by the Active and Retired Members residing or working within designated OSMA districts; (2) Officers of this Association enumerated in Article VI; (3) Delegates and Alternate Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of this Association each of whom shall be an ex-officio member without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer of this Association; and (4) such representatives of other medical groups as may be determined by the House of Delegates, including the following:

The Medical Student Section shall have seven (7) representatives to the House of Delegates, said Delegates to be selected in accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical Student Section have been approved by Council. For purposes of representation in the House of Delegates, Student Members shall not be counted at the individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

The Organized Medical Staff Section shall have one (1) representative to the House of Delegates, said Delegate to be selected in accordance with Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical Staff Section have been approved by Council.

The Resident and Fellows Section shall have five (5) representatives to the House of Delegates who must be Members in Training of this Association, said representatives to be selected in accordance with the Resident and Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been approved by Council. For purposes of representation in the House of Delegates, Members in Training shall not be counted at the individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Members in Training elect their own Delegates.

The Young Physician Section shall have five (5) representatives to the House of Delegates who must be physicians in active practice and under the age of forty or in the first eight years of practice after residency and fellowship training. The Young Physician Section Delegates shall be selected in accordance with the Young Physicians Section bylaws; provided that the bylaws of the Young Physician Section have been approved by Council.

The ~~primary~~ medical specialties and ~~subspecialties~~ listed by the American Board of Medical Specialties AND APPROVED BY COUNCIL FOR REPRESENTATION IN THE HOUSE OF DELEGATES WITH FINAL APPROVAL BY THE HOUSE OF DELEGATES are eligible to have one Delegate and one Alternate Delegate for every 100-50 specialty or ~~subspecialty~~ members OR PORTION THEREOF above 50 members who are also OSMA voting members to be selected in accordance with Chapter 5, Section 4 of the Bylaws of this Association. THE DESIGNATED DELEGATE AND ALTERNATE MUST BE CERTIFIED AS OSMA VOTING MEMBERS.

~~The medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.~~

BYLAWS  
CHAPTER 5  
**THE HOUSE OF DELEGATES**

...

**Section 4. Representation of Medical Specialties.** All ~~primary~~ medical specialties listed by the American Board of Medical Specialties are eligible for representation in the House of Delegates. ~~All medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members, are eligible for representation in the House of Delegates. An OSMA member may be represented by only one subspecialty organization in the OSMA House of Delegates.~~

A medical specialty or subspecialty society NOT PREVIOUSLY REPRESENTED IN THE OSMA HOD WHICH IS seeking representation shall apply to the Council. The Council shall consider applications and then recommend to the House of Delegates whether the specialty society qualifies for representation. ~~WHETHER THE SPECIALTY SOCIETY QUALIFIES FOR REPRESENTATION AND APPROVE APPROPRIATE APPLICANTS.~~

Each medical specialty and subspecialty society approved by the OSMA House of Delegates shall have one (1) Delegate and one (1) Alternate Delegate for every 100 50 specialty or subspecialty members OR PORTION THEREOF who are also voting members of this Association. Each specialty society ~~will certify~~ WITH MORE THAN 50 MEMBERS WHO ARE ALSO OSMA MEMBERS WHO WISH TO HAVE ADDITIONAL DELEGATES AND ALTERNATE DELEGATES MUST SUBMIT to this Association at least sixty (60) days prior to the Annual Meeting both the names of its members the delegates and alternate delegates selected who are also must also be voting members of the OSMA. The OSMA will verify OSMA membership of the names submitted. THE SPECIALTY SOCIETY SHALL SUBMIT THE NAMES OF ITS DELEGATE(S) AND ALTERNATE DELEGATE(S) AT LEAST SIXTY (60) DAYS PRIOR TO THE ANNUAL MEETING. In case a Delegate or Alternate Delegate is unable to serve, the President OR THE PHYSICIAN EQUIVALENT of the recognized medical specialty society may at any time certify to the Chair of the Committee on Credentials the name of a voting member of this Association to serve in place of the absent Delegate(S) or absent Alternate Delegate(S). The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. A medical specialty or subspecialty society Delegate shall have all rights, privileges and duties as other Delegates. The Delegate MEDICAL SPECIALTY SOCIETY DELEGATES will be seated in the House of Delegates with the councilor district in which that Delegate's county is represented AS A SEPARATE SECTION OF MEDICAL SPECIALTIES.

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**Fiscal Note:**       \$ 500 (Sponsor)  
                              \$ 500 (Staff)

428  
429  
430 **Resolution 03-2022 – AMEND**  
431 **Meeting Code of Conduct**  
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433  
434

435 **Preliminary comments: Overall, the online testimony was very supportive of this resolution.**  
436 **The committee believed that the word “written” should be added as a form of harassment, and**  
437 **also added an Oxford comma after the word “matter” to the sentence describing the possible**  
438 **actions of the Council to make the three options more clear.**  
439

440 **RESOLVED**, that the OSMA adopts the following Meeting Code of Conduct:  
441

442 Policy 03-2020 of the Ohio State Medical Association (OSMA) directs all attendees of OSMA  
443 hosted or sponsored meetings, events and other activities to exhibit respectful, professional, and  
444 collegial behavior during such meetings, events and activities, including but not limited to dinners,  
445 receptions and social gatherings held in conjunction with such OSMA hosted or sponsored meetings,  
446 events and other activities. Attendees should exercise consideration and respect in their speech and  
447 actions, including while making formal presentations to other attendees, and should be mindful of their  
448 surroundings and fellow participants and should disclose any conflicts of interest related to an issue  
449 under consideration.  
450

451 Any type of harassment of any attendee of an OSMA hosted sponsored meeting, event or  
452 other activity, including but not limited to dinners, receptions and social gatherings held in conjunction  
453 with an OSMA hosted meeting, event or activity, is prohibited conduct and is not tolerated. The OSMA  
454 is committed to a zero tolerance policy for harassing conduct at all locations where OSMA business is  
455 conducted. This zero tolerance **policy** also applies to meetings of all OSMA sections, committees, and  
456 task forces. The purpose of the policy is to protect participants from harm.  
457

458 **Harassment**

459 Harassment consists of unwelcome conduct whether verbal, WRITTEN, physical or visual that  
460 denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion,  
461 sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or  
462 otherwise, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive  
463 environment; (2) has the purpose or effect of interfering with an individual's participation in meetings or  
464 proceedings of the HOD or any OSMA hosted or sponsored event; or (3) otherwise adversely affects  
465 an individual's participation in such meetings or proceedings.  
466

467 Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping;  
468 threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material  
469 that denigrates or shows hostility or aversion toward an individual or group and that is placed at the  
470 site of any OSMA meeting or circulated in connection with any OSMA meeting.  
471

471 **Sexual Harassment**

472 Sexual harassment also constitutes discrimination, and is unlawful and is absolutely prohibited.  
473 For the purposes of this policy, sexual harassment includes: 1. making unwelcome sexual advances or  
474 requests for sexual favors or other verbal, WRITTEN, physical, or visual conduct of a sexual nature;  
475 and 2. creating an intimidating, hostile or offensive environment or otherwise interfering with an  
476 individual's participation in meetings or proceedings of the HOD or any OSMA hosted or sponsored  
477 meeting.  
478

Sexual harassment may include, but is not limited to, such conduct as explicit sexual propositions, sexual innuendo, suggestive comments or gestures, descriptive comments about an individual's physical appearance, electronic stalking or lewd messages, displays of foul or obscene printed or visual material, and any unwelcome physical contact.

#### **Complaint process**

Any attendee or participant in an OSMA hosted or sponsored event who believes they have experienced or witnessed a violation of this policy may file a complaint with the OSMA Council, the OSMA President, President-Elect, or Past President or the OSMA Chief Executive Officer who shall inform the Council. All complaints brought under this policy will be promptly and thoroughly investigated. To the fullest extent possible, the OSMA will keep complaints and the terms of their resolution confidential.

The Council may investigate, conduct a hearing and decide the matter, or refer the matter to an internal committee appointed by the President or to an external entity qualified to investigate and recommend to the OSMA Council a resolution of the matter. If the complaint implicates a member of the OSMA Council, the complaint shall be referred to a committee of Past Presidents assigned by the OSMA President on an ad hoc basis or to an external entity qualified to investigate and recommend to the Council a resolution of the matter.

Retaliation against anyone who has reported harassment, submits a complaint, reports an incident witnessed, or participates in any way in the investigation of a harassment claim is forbidden and shall be investigated in the same manner as outlined for complaints.

#### **Related documents:**

OSMA Council Conflict of Interest Policy (requires annual signed disclosure statements)  
OSMA AMA Delegation Conflicts of Interest Policy  
OSMA's Human Resources Policies:  
Conflict of Interest Policy (requires annual signed disclosure statements)  
Harassment Prevention Policy  
Social Media Policy.

**Fiscal Note:**           \$ (Sponsor)  
                              \$500 (Staff)

### **Resolution 04-2022 – ADOPT Establish an Ohio State Medical Association Women Physicians Section**

**Preliminary comments:** The committee noted that the online testimony about this resolution was overall very supportive. Therefore, the committee recommended a preliminary action of ADOPT.

**RESOLVED**, that our OSMA form a section of the OSMA known as the OSMA Women Physicians Section; and, **be it further**

529       **RESOLVED**, that appropriate Bylaws changes be accomplished to establish the OSMA  
530 Women Physicians Section.

531  
532   **Fiscal Note:**       \$2,000 (Sponsor)  
533                       \$2,000 (Staff)  
534  
535

536  
537                               **Resolution 05-2022 - ADOPT**  
538       **Establish an Ohio State Medical Association Senior Physician Section**  
539

540  
541   **Preliminary comments:** All online testimony on this resolution was supportive. Therefore, the  
542 committee recommended a preliminary action of ADOPT.  
543

544       **RESOLVED**, that our OSMA form a Section of the OSMA known as the OSMA Senior  
545 Physicians Section, to include all members age 65 and above, either active or retired; and, **be it**  
546 **further**

547  
548       **RESOLVED**, that appropriate Bylaws changes to establish the Senior Physicians Section be  
549 accomplished.  
550

551   **Fiscal Note:**       \$2,000 (Sponsor)  
552                       \$2,000 (Staff)  
553  
554

555                               **Resolution 06-2022 – AMEND**  
556       **OSMA Task Force on Pandemic Preparedness and Response**  
557

558  
559   **Preliminary comments:** The committee noted the overall online testimony was positive. The  
560 committee made several changes to the language describing the makeup of the FTF, including  
561 the addition of “vulnerable populations (as defined by federal regulations).” While the intent of  
562 these changes is to strengthen the composition of the FTF, the committee also recognizes that  
563 the FTF description is not designed to be an exhaustive list of every individual specialty or  
564 interest group that should be included. Additionally, the committee believes that  
565 enhancements to the curricula of medical schools and GME were outside the scope of the task  
566 force. The committee also added a qualifying “may” to the fourth Resolve which provides  
567 flexibility to the FTF on issue recommendations.  
568

569       **RESOLVED**, that the OSMA will create the Focused Task Force (FTF) on Pandemic  
570 Preparedness and Response to ensure that the organization is prepared to collaborate with other  
571 public and private bodies on the preparedness for and response to potential future pandemics; and,  
572 **be it further**

573  
574       **RESOLVED**, that the FTF on Pandemic Preparedness and Response shall, be appointed by  
575 the OSMA President to include OSMA members from a variety of specialties and geographic areas of  
576 the state, but with a majority of the FTF members being those with special expertise in  
577 IMMUNOLOGY/infectious diseases, public health, emergency medicine, critical care, PRIMARY  
578 CARE, THOSE CARING FOR VULNERABLE POPULATIONS (AS DEFINED BY FEDERAL  
579 REGULATIONS), emergency preparedness, public policy and other areas of emphasis critical to the

assessment and implementation of pandemic preparedness and response initiatives; and, **be it further**

**RESOLVED**, that the FTF on Pandemic Preparedness and Response may invite non-OSMA member physicians and non-physicians with special expertise in pandemic preparedness and response to attend as non-voting participants in FTF meetings at the discretion of the FTF Chair; and, **be it further**

**RESOLVED**, that the FTF on Pandemic Preparedness and Response MAY provide recommendations to the OSMA Council and the OSMA House of Delegates regarding the following issues:

- 1) Changes to local, state and federal public health measures to effectively prevent or reduce the impact of potential future pandemics
- 2) Changes to state or federal laws, regulations, administrative rules, and accreditation/certification standards to improve local, state or federal preparedness for and response to potential future pandemics
- 3) Changes to state or federal laws, regulations, administrative rules, and accreditation/certification standards to improve the ability of physicians, hospitals, and other healthcare entities to prepare for and maintain safe, high-quality, patient-centered, accessible, and equitable clinical practice/clinical operations during potential future pandemics
- 4) Local, regional and statewide efforts to improve the collaboration and coordination of clinical care in ambulatory, outpatient, inpatient, post-acute and other congregate care settings with regard to hospital capacity, nursing facility capacity, vaccination, prevention, and treatment of pandemic-related illnesses
- 5) Local, regional and statewide efforts to coordinate public and private entities to maintain the effective and equitable distribution of medical supplies, medications, and other scarce medical resources during potential future pandemics
- 6) Creation of effective networks and systems for the dissemination of accurate, evidence-based information related to preparedness for and response to potential future pandemics for physician practices, medical staffs, hospitals, nursing facilities, medical schools and GME training programs as well as the general public
- 7) Enhancements to ~~the educational curricula for medical schools, CME training programs and CME programs related to pandemic preparedness and response~~
- 8) Programs to effectively provide professional and behavioral health support for physicians and other frontline healthcare personnel during potential future pandemics
- 9) Changes in the OSMA constitution, bylaws, policies and procedures to effectively maintain the operations of the organization during potential future pandemics

**Fiscal Note:**           \$ 75,000 (Sponsor)  
                                  \$ 75,000 (Staff)

#### **Resolution 07-2022-AMEND**

#### **Addressing the Roles of Health Professionals in Preventing Public Health Misinformation**

**Preliminary comments:** Online testimony for this resolution was mixed, and included a suggestion to strike out the first two Resolves of the resolution but to retain Resolve 3. In response to concerns regarding “sufficient evidence,” the committee made changes to the first Resolve to allow OSMA to oppose legislation which would require healthcare professionals to provide information that is inaccurate or not evidence-based. This Resolve would not preclude

a healthcare professional from providing appropriate information, but would instruct OSMA to oppose legislation that would require inaccurate information to be provided. Additionally, the committee struck out the second Resolve based on online testimony. Furthermore, the committee struck out the portion of the third Resolve that specifically references AMA policy that this Resolve was adapted from, believing that this is unnecessary to include.

**RESOLVED**, that our OSMA oppose legislation requiring healthcare professionals to provide INACCURATE OR NON-EVIDENCE-BASED information ~~without sufficient evidence to support; and, be it further~~

**RESOLVED**, that our OSMA ~~collaborate with licensing bodies and specialty boards to utilize incentives and punitive measures, including but not limited to, the suspension or revocation of one's medical license or board certification; and to amend the current process of automatically renewing medical licenses for physicians undergoing investigation for disseminating misinformation, in order to promote the betterment of public health; and, be it further~~

**RESOLVED**, that our OSMA adopt an adapted version of AMA policy D-440.915: Our OSMA: 1) Will continue to support the dissemination of accurate medical and public health information by public health organizations and health policy experts; and 2) will work with public health agencies and professional societies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical and public health information and address misinformation that undermines public health initiatives.

**Fiscal Note:**           \$ (Sponsor)  
                              \$50,000 (Staff)

**Resolution 08-2022 - AMEND**  
**Supporting Legislation for Researching the Neurological and Psychological Effects of SARS-CoV-2 and the Covid-19 Pandemic**

**Preliminary Comments:** Online testimony supported this resolution, but suggested an amendment to broaden the language by substituting "efforts" in place of "legislation." The committee agreed with this amendment suggestion.

**RESOLVED**, our Ohio State Medical Association supports legislation that aims EFFORTS to address the need for research into the neurological and psychological effects of SARS-CoV-2 infection and the Covid-19 pandemic overall.

**Fiscal Note:**           \$ (Sponsor)  
                              \$ 20,000 (Staff)

**Resolution 09-2022 – ADOPT**  
**Access to Standard Care for Nonviable Pregnancy**

**Preliminary comments: Online testimony for the resolution was supportive and expressed no specific concerns or amendment suggestions. The committee acknowledged that while OSMA does not have direct control over hospital directives, our policy can influence the discussion on this important topic.**

**RESOLVED**, the Ohio State Medical Association (OSMA) supports patients' timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances; and, **be it further**

**RESOLVED**, the OSMA opposes any hospital directive, policy, or legislation that may hinder patients' timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy.

**Fiscal Note:**           \$ (Sponsor)  
                              \$ 500 (Staff)

#### **Resolution 10-2022 - AMEND**

~~Supporting Expectant Mothers on Medicaid Seeking Tubal Ligations During Cesarean Sections with Informed Prenatal Care and Administrative Support~~ **ENHANCING EDUCATION AND ELIMINATING INEQUITABLE TIME CONSTRAINTS FOR STERILIZATION PROCEDURES**

**Preliminary comments: Online testimony regarding the resolution was supportive; however, the committee made changes to the third Resolve to broaden the language and detach it from references to specific AMA policy (which is subject to change). The committee also believed that because the same rules apply for both sexes, the resolution and resolution title should be broadened to reflect sterilization for both sexes.**

**RESOLVED**, our OSMA supports the sufficient education of physicians involved in prenatal care, obstetrics, and family planning on current Medicaid policy; and, **be it further**

**RESOLVED**, our OSMA encourages physicians to spend sufficient time educating and counseling patients on the Consent to Sterilization form, necessary steps for its completion, and the implications of tubal ligations; and, **be it further**

**RESOLVED**, our OSMA adopts the AMA policies "Tubal Ligation and Vasectomy Consents D-75.994" and "Medicaid Sterilization Services Without Time Constraints H-290.977" that supports ~~changes to Medicaid policy relating to time constraints for tubal ligation consent forms.~~ **SUPPORTS THE ELIMINATION OF INEQUITABLE TIME CONSTRAINTS FOR CONSENT FOR STERILIZATION PROCEDURES.**

**Fiscal Note:**           \$ (Sponsor)  
                              \$500 (Staff)

#### **Resolution 11-2022 – AMEND**

**Addressing Weight Stigma Among Healthcare Workers**



**Preliminary comments: Online testimony was in support of the resolution. The committee made a minor change to the second Resolve for clarity.**

**RESOLVED**, our Ohio State Medical Association (OSMA) supports health promotion techniques that center around healthy behavior and lifestyle modifications rather than weight reduction alone; and, **be it further**

**RESOLVED**, Our OSMA supports educational training to further educate healthcare providers and trainees about the multifactorial nature of body weight, the impact of weight stigma, and strategies to reduce weight stigma's THE detrimental health effects OF WEIGHT STIGMA on Ohioans.

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 500 (Staff)

**Resolution 12-2022 – REFER**  
**Divestment from Fossil Fuels**

**Preliminary comments: Online testimony was mixed, and the committee acknowledged that this topic is very complex and nuanced. For these reasons, the committee recommends referral to Council.**

**RESOLVED**, that our OSMA adopts the following, partially adapted from AMA policy (D-135.969, AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies): The OSMA and "any affiliated corporations or subsidiaries should work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels"; and, **be it further**

**RESOLVED**, that our OSMA includes environmental sustainability as an objective within its investment policy; and, **be it further**

**RESOLVED**, that our OSMA should choose for its commercial relationships, when fiscally responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption; and, **be it further**

**RESOLVED**, that our OSMA will encourage efforts of physicians and other health professional associations to proceed with divestment; and, **be it further**

**RESOLVED**, that our OSMA shall report every five years to the Council and the House of Delegates, for a period of ten years, on progress toward divestment of fossil fuel investments.

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 1,000 (Staff)

**Resolution 13 – 2022 – ADOPT**  
**Curbing Opioid-Related Deaths in Ohio Through Medication-Assisted Treatment and Harm Reduction Services**

**Preliminary comments: Online comments regarding this resolution were overall supportive. The Committee recommends the resolution be adopted.**

**RESOLVED**, that our Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate; and, **be it further**

**RESOLVED**, that our OSMA support public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services; and, **be it further**

**RESOLVED**, that our OSMA support existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 1000 (Staff)

**Resolution 14 – 2022 – ADOPT  
Eliminating Parking Costs for Patients**

**Preliminary comments: Online testimony generally supported this resolution, so the committee recommended adoption. However, it should also be noted that the committee members are curious about the amount provided for the fiscal note.**

**RESOLVED**, that Ohio State Medical Association work with relevant stakeholders to recognize parking fees as a burden of care for patients and to implement mechanisms for eliminating parking costs.

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 25,000 (Staff)

**Resolution 15 – 2022 – AMEND  
Opposing the Criminalization of Self-Managed Medication Abortion**

**Preliminary comments: Online testimony was somewhat mixed about this resolution. The committee recommends an amendment to the resolution due to some redundancy with current OSMA policy. The proposed amendment provides for clarity and distinction between “investigation” and “treatment actions.” The committee also added the word “medical” before “standard of care,” to distinguish between medical standards of care and standards of care created by non-medical entities.**

**RESOLVED**, that the OSMA amend Policy 07-2020, Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio, by addition as follows:

**Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio,  
OSMA Policy 07 - 2020**

1. The OSMA actively works to ensure that the sanctity of the physician-patient relationship is protected in all legislative and regulatory matters.
2. Current OSMA Policy 18 - 2012 (Criminalization of Medical Care) be amended to read as follows:

The OSMA opposes any portion of proposed legislation OR RULE that criminalizes clinical practice that is the standard of care.

1. That current OSMA Policy 10 – 1990 (Policy on Abortion) be amended as follows:

1. It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs.

2. The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.

3. Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, INVESTIGATIVE TESTS, OR QUESTIONING OF A PATIENT which are not consistent with the MEDICAL standard of care; or,

- ~~Require or compel Ohio physicians to perform investigative tests or questioning of a patient who has had an abortion of unknown cause; or,~~

- Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care

**Fiscal Note:**       \$ (Sponsor)  
                              \$ 500 (Staff)

**OSMA Sunset Report – ADOPT**

**Preliminary Comments: No online testimony was provided for the sunset report. The committee recommends adoption.**

**RESOLVED,** That the recommendations of OSMA Council published prior to the Annual Meeting as the 2022 OSMA Policy Sunset Report be adopted by the OSMA House of Delegates.

**Ohio State Medical Association Policy Compendium Review –  
2022 OSMA Policy Sunset Report  
OSMA policy from years 1932 through 2018 and 2021 Sunset Report**

888 (This is a list of Policy numbers and titles. The full text of policies recommended “RETAIN” as  
 889 edited and “NOT RETAIN” is contained in this report. All other OSMA policies will be retained  
 890 as they are shown in the OSMA Policy Compendium available on [www.osma.org](http://www.osma.org).)

891 **Policies to be Retained as Edited:**

892 Policy 01 – 2016 – Membership List Exchange

893 Policy 07 – 2016 – Cannabinoids

894 Policy 14 – 2017 – Maintain Rights of County Medical Societies

895

896 **Policies to be Not Retained:**

897 Policy 01 – 2018 – Constitution and Bylaws Amendments

898 Policy 02 – 2018 – Young Physicians

899 Policy 12 – 2018 – Dietary Supplements

900 Policy 00 - 2021 OSMA Policy Sunset Report

901

902 **Full text of policies recommended “RETAIN” as Edited and “NOT RETAIN”**

903

Recommendation	Policy	Comment
RETAIN as Edited	<b>Policy 01 – 2016 – Membership List Exchange</b>  1. The OSMA replaces Policy 00 – 2015 and 40 – 2015 (DELETED FROM POLICY COMPENDIUM) with the following: The OSMA and County Medical Societies shall exchange membership lists twice per year on or around March 31 and September 30.	Stricken portion accomplished
RETAIN as Edited	<b>Policy 07 – 2016 – Cannabinoids</b>  1. The OSMA opposes recreational use of cannabis.  2. The OSMA supports Institutional Review Board (IRB) approved clinical research to explore the potential risks versus benefits of using cannabinoids to treat specific medical conditions.  3. The OSMA supports focused and controlled medical use of pharmaceutical grade cannabinoids for treatment of those conditions which have been evaluated through Institutional Review Board (IRB) approved clinical research studies and have been shown to be efficacious.  4. The OSMA recommends that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of	Stricken portion accomplished

	<p>facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods.</p> <p>5. The OSMA supports limiting cannabinoids prescribing rights, if permitted, to physicians (MDs and DOs).</p> <p>6. The OSMA opposes legalization of any presently illegal drugs of substance abuse including, but not limited to, cannabis and cocaine, except in the instance of appropriate evidence-based use approved by the FDA.</p> <p>7. The OSMA encourages physician participation in future legislative and regulatory discussions regarding the legal use of cannabinoids.</p> <p>8. <del>This policy replaces OSMA Policy 65-1994 (DELETED FROM POLICY COMPENDIUM).</del></p>	
<b>RETAIN as edited</b>	<p><b>Policy 14 – 2017 – Maintain Rights of County Medical Societies</b></p> <p>1. The OSMA will recognize and respect the independent structure, organization and domain of the actively functioning county medical societies in the state of Ohio.</p> <p><del>2. The rights of the county medical societies to appoint their representatives to serve in the OSMA House of Delegates shall be preserved.</del></p>	<p>Regional delegates are now selected by district, not county except that each county with active OSMA members has at least one delegate and alternate delegate (per current Constitution and Bylaws)</p>
<b>NOT RETAIN</b>	<p><b>Policy 01 – 2018 – Constitution and Bylaws Amendments</b></p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2018 OSMA House of Delegates. The current OSMA Constitution</p>	<p>Accomplished</p>

	and Bylaws are available on <a href="http://www.osma.org">www.osma.org</a> .	
<b>NOT RETAIN</b>	<b>Policy 02 – 2018 – Young Physicians</b>  1. Policy 02 – 2018 created a Young Physicians Section. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2018 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on <a href="http://www.osma.org">www.osma.org</a> .	Accomplished
<b>NOT RETAIN</b>	<b>Policy 12 – 2018 – Dietary Supplements (rescinded and replaced by Policy 31–2021)</b>	Accomplished
<b>NOT RETAIN</b>	<b>Policy 00 – 2021 - OSMA Policy Sunset Report</b> Click <a href="#">here</a> to view report	Recommendations adopted by the 2021 OSMA HOD

904

905 **Fiscal Note:** \$0 (Sponsor)

906 \$0 (Staff)

907

908

909 Members of the House, this concludes the report of Resolutions Committee 1. I would like to thank all  
 910 the members of Resolutions Committee 1 for their excellent cooperation and help they have given  
 911 me. On behalf of the Committee I would like to thank all who offered testimony. I would also like to  
 912 thank Kelsey Stone and Peggy Sears for their excellent staff assistance, and to Nancy Gillette for legal  
 913 review.

914

915

916 Respectfully submitted,

917 Tyler Campbell, MD, Chair